



Department of Corrections
YOUTH SERVICES DIVISION
VOLUNTEER APPLICATION FORM

POSITION INFORMATION

Division/Bureau:

Location:

Volunteer

Title:

Supervisor:

Phone:

Start Date:

End Date:

Schedule: Days:

Time:

Travel: ☐ Yes ☐ No

VOLUNTEER INFORMATION

Name:

Last

First

M.I.

Address:

City

State

Zip Code

AGREEMENT

Volunteer Duties:

Goals and Objectives (reflect the academic nature of the volunteering (if necessary):

Agency Expectations (establish measurable outcomes of goals and objectives):

Volunteer Expectations (should relate to goals and objectives):

SIGNATURES

Supervisor

Date

Volunteer

Date